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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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08/444,790

05/19/1995

MANFRED BROCKHAUS

9189

5612

37500

7590

09/29/2010

AMGEN INC.

LAW DEPARTMENT

1201 AMGEN COURT WEST

SEATTLE, WA 98119

EXAMINER

HOWARD, ZACHARY C

ART UNIT

PAPER NUMBER

1646

MAIL DATE

DELIVERY MODE

09/29/2010

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.




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**UNITED STATES PATENT AND TRADEMARK OFFICE**


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**Board of Patent Appeals and Interferences**

AMGEN INC. LAW DEPARTMENT 1201 AMGEN COURT WEST SEATTLE, WA 98119	Appeal No: 2009-014889 Appellant: MANFRED BROCKHAUS, ZLATKO DEMBIC, Application No: REINER GENTZ, WE RNER LESSLAUER, Hearing Room: HANSRUEDI LOTSCHER, ERNST-JURGEN S et al. Hearing Docket: 08/444,790 Hearing Date: B Hearing Time: A Location: Tuesday, November 02, 2010 09:00 AM Madison Building - East Wing 600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450
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**NOTICE OF HEARING**  
**CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

 \_\_\_\_\_  
 Signature of Attorney/Agent/Appellant

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

For information on visitor access to hearing rooms and security procedures at the USPTO Alexandria Campus, see  
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